

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700739

FILED
Apr 21, 2009
Secretary of State

Entity Name: CARLOUEL YACHT CLUB INC

Current Principal Place of Business:

DR. MICHAEL ANDRIOLA
1091 ELDORADO
CLEARWATER, FL 33767 US

New Principal Place of Business:

1091 ELDORADO AVE
CLEARWATER, FL 33767 US

Current Mailing Address:

DR. MICHAEL ANDRIOLA
1091 ELDORADO
CLEARWATER, FL 33767 US

New Mailing Address:

JAMES W. SIBSON
1091 ELDORADO AVE
CLEARWATER, FL 33767 US

FEI Number: 59-0558704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLINE, HARRY S
1091 ELDORADO
CLEARWATER, FL 34630 US

Name and Address of New Registered Agent:

CLINE, HARRY S
1091 ELDORADO
CLEARWATER, FL 33767 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: THOMPSON JR., ROBERT M
Address: 1230 S. MYRTLE AVE., #301
City-St-Zip: CLEARWATER, FL 33767

Title: VD () Delete
Name: SIBSON, JAMES W
Address: 445 COUNTRY CLUB ROAD
City-St-Zip: BELLEAIR, FL 33756

Title: PD () Delete
Name: ANDRIOLA, MICHAEL DR.
Address: 416 LOTUS PATH
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: ALLBRIGHT, CLAUDIA
Address: 9 AMBLESIDE DRIVE
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: MEEK, JR., JOHN
Address: 51 CARLOUEL DR
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAWKINS, KEVIN
Address: 297 EASTLEIGH DRIVE
City-St-Zip: BELLEAIR, FL 33756

Title: PD (X) Change () Addition
Name: SIBSON, JAMES W
Address: 445 COUNTRY CLUB ROAD
City-St-Zip: BELLEAIR, FL 33756

Title: D (X) Change () Addition
Name: ANDRIOLA, MICHAEL DR.
Address: 416 LOTUS PATH
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: BIRCH, DOUGLAS
Address: 3877 EXECUTIVE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Change (X) Addition
Name: ALLBRITTON, DAVID
Address: 217 PALM ISLAND N.W.
City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MICHAEL ANDRIOLA

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date